

November 12, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 21-128

The purpose of this All County Letter (ACL) is to provide County Welfare Department (CWD) employees with guidance and instructions on when to provide and how to complete the CR 6181 form and remind CWDs of their civil rights obligations regarding language access and interpretive services.



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

November 12, 2021

ALL COUNTY LETTER NO. ACL 21-128

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHILD WELFARE DIRECTORS
ALL COUNTY CIVIL RIGHTS COORDINATORS
ALL CALFRESH PROGRAM SPECIALISTS
ALL CALWORKS PROGRAM SPECIALISTS
ALL REFUGEE PROGRAM MANAGERS
ALL CAPI PROGRAM MANAGERS
ALL IHSS PROGRAM MANAGERS
ALL MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: INSTRUCTIONS ON WHEN TO OFFER AND HOW TO
COMPLETE AND DOCUMENT FORM CR 6181 REGARDING
INTERPRETIVE SERVICES AND CONFIDENTIALITY
AGREEMENT

REFERENCE: [CDSS MANUAL OF POLICIES AND PROCEDURES \(MPP\)](#)
[DIVISION 21; ALL COUNTY LETTER NO. 06-20;](#)
[ALL COUNTY LETTER NO. 08-65;](#)
[ALL COUNTY INFORMATION NOTICE NO. I-09-06](#)

This ACL provides guidance and instructions to CWD employees for completing and documenting Form CR 6181 (Form 6181) Interpreter Services Statement and Confidentiality Agreement. Form 6181 replaces any CWD form previously used for informing Non-English/Limited English Proficient (NE/LEP) individuals of the risks of using their own interpreter instead of free interpretive services from the CWD. Form 6181 informs the individual of the potential for communication errors when they use their own interpreter and that their interpreter may need to interpret sensitive and personal information, and that the CWD cannot guarantee the interpreter will maintain confidentiality for any information obtained through the interpretation process. Form 6181 does not replace GEN 1365 Notice of Language Services, which informs individuals of their right to language assistance services at no cost to them. CWDs are reminded of their obligation to ensure that effective bilingual/interpretive services are provided to serve the needs of the NE/LEP population. ([CDSS MPP § 21-115.](#))

INSTRUCTIONS ON COMPLETING FORM CR 6181

CWDs must always offer free, county-provided bilingual or interpretive services to NE/LEP program participants or applicants. ([ACL 06-20](#).) CWDs must use Form 6181 when applicants/recipients choose to use their own interpreter after they have been offered county-provided interpretive services. Form 6181 is a consent and release of information form that allows the applicant/recipient to use their own interpreter. Form 6181 must be made available in all county threshold languages and any other translations provided by CDSS.

The CWD must ensure the applicant/recipient and their interpreter have read and understood every section on Form 6181. The CWD must provide Form 6181 in the applicant/recipient's primary language and use a county provided interpreter to assist the applicant/recipient in understanding Form 6181 and answer any questions the applicant/recipient may have. If Form 6181 is not available in the applicant/recipient's primary language, the CWD must use a county-provided interpreter or qualified bilingual staff person to read each section aloud to the applicant/recipient in their primary language and assist them in understanding and completing the form.

Section A notifies the applicant/recipient that they have a right to free interpretive services; that the county prefers to use certified bilingual staff or a trained interpreter; that problems may arise using the applicant's/recipient's interpreter; and that they have the right to request county-provided bilingual or interpretive services at any time, even after completing the Form 6181.

Section B must be completed by the applicant/recipient. They must fill in their name and preferred language and then sign and date on the designated lines in Section B.

Section C must be completed by the applicant's/recipient's chosen interpreter. They must fill in their name and specify the language they are interpreting on the designated lines in Section C. The interpreter must fill in the applicant's/recipient's name and their relationship to the applicant/recipient. Finally, the interpreter must sign and date at the bottom of Section C.

DOCUMENTATION

After the applicant/recipient and their interpreter complete Form 6181, the CWD staff member must properly document it in the applicant/recipient's case file. The CWD staff member must indicate in the case file that the applicant/recipient was provided Form 6181, that they read and understood it, and that it was signed by the applicant/recipient and their provided interpreter. Form 6181 must be attached or uploaded to the applicant/recipient's case file in the CWD's consortia system. The CWD

staff member must also document the name of the interpreter, the interpreter's relationship to the applicant/recipient, and the applicant/recipient's preferred language.

Sample Documentation:

[Upload completed Form 6181 file or image]. The customer's preferred spoken language is [insert language] and preferred written language is [insert language]. Offered free interpretive services; the customer declined the services and chose to use their own interpreter. Provided Form 6181. Customer signed Form 6181 indicating they read and understood it. Form was provided in [insert language] version *and/or* County interpreter was used to interpret the form in [insert language]. Customer's chosen interpreter is [insert customer's interpreter information]. The interpreter is the customer's [identify relationship]. [Include any other relevant information specific to the case].

This ACL supplements, but does not replace [ACLs No. 08-65](#) and [No. 06-20](#) or [ACIN I-09-06](#). CWDs are reminded to document the following in the case record file:

1. That the applicant/recipient was offered free language services in their primary language;
2. The applicant's/recipient's preferred language for both oral and written communications (these will not necessarily be the same);
3. The acceptance or denial of language services by the applicant/recipient;
4. What language that the services were provided in; and
5. Who provided the interpretive services (department interpreter, bilingual worker, telephone interpreter, client-provided interpreter, etc.). If the applicant/recipient is assigned to a worker or unit that provided the services, the name of the worker or the bilingual unit should be documented as well. ([ACL No. 08-65](#))

This documentation must occur at initial contact (when application is received or at intake), at redetermination (or yearly if redetermination is not required), or at any time the applicant/recipient requests a change in oral or written language preference. For every subsequent substantive contact with a NE/LEP applicant/recipient, the CWD must document each interaction in accordance with [ACL No. 08-65](#). Substantive contact is defined as contacts in which benefits, services, or rights or responsibilities are discussed or when setting appointments ([ACL No. 08-65](#)). When an applicant/recipient continues to use their own interpreter for subsequent substantive contacts, the CWD must document the name of the applicant/recipient's interpreter, the language they used, and the nature of the information provided.

The completed and signed Form 6181 must be maintained in the applicant's/recipient's case file.

Any new Form 6181 completed by the applicant/recipient must be added to their case file and documented accordingly.

ADDITIONAL FORM CR 6181 GUIDELINES

If the applicant/recipient and/or their interpreter refuse to sign Form 6181, the CWD must use a county-provided interpreter or qualified bilingual staff person. The CWD cannot use the applicant/recipient provided interpreter without a signed Form 6181.

A new Form 6181 must be completed at redetermination or if the Form 6181 was signed over a year ago. A new Form 6181 must also be completed if the applicant/recipient chooses a different interpreter.

The applicant/recipient can use their interpreter during subsequent contacts with the CWD if the Form 6181 was signed within the last year.

PHONE OR VIRTUAL COMMUNICATIONS

For phone or virtual interactions, the CWD must use a county-provided interpreter when assisting a NE/LEP individual. However, if the individual requests to use their own interpreter, the CWD must first check to see if there is a Form 6181 on file that was completed in the last year, and then verify that the interpreter is the person whose information is provided on the Form 6181. If so, then the CWD may use the applicant/recipient's chosen interpreter.

If there is no Form 6181 on file, the Form 6181 is over a year old, or the NE/LEP individual's interpreter is not named on the Form 6181 on file, then the CWD must have a county-provided interpreter read Section A on Form 6181 aloud to the NE/LEP individual in their primary language. The CWD must then obtain verbal consent from the individual that they understand the risks for communication errors and that the CWD cannot guarantee the individual's chosen interpreter will maintain confidentiality for any information obtained through the interpretation process. The CWD must then obtain verbal agreement from the interpreter that they agree to keep the information obtained through the interpretation process confidential.

Any phone or virtual interaction with a NE/LEP individual must be documented as outlined above in Documentation. If the CWD is unable to have the NE/LEP individual complete Form 6181 over the phone or virtually, then the CWD must document that they obtained verbal consent from the individual and that they obtained verbal agreement from the interpreter to maintain any information obtained through the interpretation process confidential. This information is in addition to what must be documented as outlined above.

REMINDERS REGARDING PROVISION OF SERVICES TO APPLICANTS AND RECIPIENTS WHO ARE NON-ENGLISH SPEAKING

CWDs are reminded of their obligation to provide effective bilingual/interpretive services to NE/LEP individuals. CWDs must advise applicants/recipients of their right to free interpretive services; it is the CWD's obligation to affirmatively offer interpretive services. ([ACL 06-20.](#)) CWDs must provide language services promptly and without undue delay. ([CDSS MPP § 21-115.](#)) These requirements apply regardless of whether the CWD provides a qualified bilingual employee interpreter, paid interpreter, qualified bilingual interpreter from another agency, or other community resource or if the applicant/recipient chooses to use their own interpreter. ([ACL 06-20.](#))

Applicants/recipients may use their own interpreter, but a CWD must not compel or encourage the applicant/recipient to do so. ([ACL 06-20.](#)) Only under extenuating circumstances may a CWD allow an applicant/recipient to choose a minor (under the age of 18 years) to act as an interpreter. ([CDSS MPP § 21-115.16.](#)) The use of a minor should be temporary and only until a CWD interpreter is made available. ([ACL 06-20.](#)) If an applicant/recipient chooses to provide their own interpreter, the CWD is required to provide Form 6181 to the applicant/recipient, assist the applicant/recipient in completing Form 6181, and then document it in the applicant's/recipient's case file. Form 6181 must be provided and completed if a minor is used temporarily as an interpreter. At any time, including after choosing and/or using their own interpreter, an applicant/recipient can request or choose to use a CWD-provided interpreter, which the CWD must provide without undue delay. For more information on when a CWD may allow a minor to temporarily act as an interpreter see [ACL 06-20.](#)

The county shall not conduct substantive, program-related conversations with the applicant/recipient until qualified interpretive services are available. ([ACL 06-20.](#)) A "Qualified Interpreter" means an interpreter who can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary. ([CDSS MPP § 21-104\(q\)\(2\).](#))

If you have any questions or need additional guidance regarding the information in this letter, contact the CDSS Civil Rights Unit at (916) 654-2107 or at crb@dss.ca.gov.

All County Letter No. 21-128
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Sincerely,

Original Document Signed By

Marcela Ruiz, Director
Office of Equity
California Department of Social Services

INTERPRETER SERVICES STATEMENT AND CONFIDENTIALITY AGREEMENT

Case Name:

Case Number:

A. Please read the following statement before completing this form:

The County prefers to use certified bilingual staff or trained interpreters when speaking with you. County employees are knowledgeable about all programs and services and are required to keep the information you share confidential. However, you can choose to use your own interpreter. (A minor cannot be used unless it is an emergency.)

Please be aware that your interpreter may not translate important information correctly. Translation errors may affect how much help or aid you get from the county. Errors may occur because of hard-to-translate concepts and program language. Your own interpreter may not understand the special vocabulary.

The county must ask you sensitive and personal questions. Having a friend or family member interpret might make it hard for you to tell us the sensitive and personal information that may be needed to determine your eligibility. We cannot guarantee that your interpreter will maintain confidentiality of your information.

This agreement does not waive your right to request an interpreter from the County. At any time, you may stop using your own interpreter and request a free interpreter from the County.

B. Interpreter Services Statement (to be completed and signed by the customer):

I, _____ prefer to communicate in _____.
(Customer's Name) (Specify Language)

I have been informed by the county that I have the right to a free interpreter. I also have the right to use my own interpreter.

I want to use my own interpreter. I know that there may be problems of miscommunication by using my own interpreter and that sensitive information may be discussed during the interpretation.

I give permission to my interpreter named below to hear and interpret information in my interviews with the county. **My understanding and this agreement for using my interpreter named below applies for future interviews.**

Customer's Signature_____
Date**C. Interpreter Confidentiality Agreement (to be completed and signed by the interpreter):**

I, _____ speak both English and _____.
(Interpreter's Name) (Specify Language)

I agree to keep information interpreted in interviews with the county confidential and will not repeat the information to anyone.

My relationship to _____ is _____.
(Customer's Name) (Relationship)

Interpreter's Signature_____
Date